

MAXIMUS Federal Services, Inc.
4000 IH 35 South, (8th Floor) 850Q
Austin, TX 78704
Tel: 512-800-3515 ♦ Fax: 1-877-380-6702

Notice of Independent Review Decision

DATE OF REVIEW: April 29, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Stellate ganglion block (64510) at cervical C5-6, additional level at C6-7, fluoroscopic guidance (77002-26) for needle placement x 1, therapeutic, prophylactic or diagnostic injection (96372) x 2.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

M.D., Board Certified in Physical Medicine and Rehabilitation and Pain Management.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

The requested stellate ganglion block (64510) at cervical C5-6, additional level at C6-7, fluoroscopic guidance (77002-26) for needle placement x 1, therapeutic, prophylactic or diagnostic injection (96372) x 2 is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported a work-related injury of her left shoulder on xx/xx/xx. Clinical notes in xx/xxxx reported the patient complained of pain in the left shoulder, neck and left hand, rated 10/10 in severity, which was constant. On physical exam, she was noted to have

decreased active range of motion of the left shoulder with a pop or grind on motion, restricted range of motion of the cervical spine with pain especially on the left with muscle spasms in the left paracervical musculature. A clinical note dated 11/19/13 reported the patient complained of left shoulder pain radiating into the left side of her neck and pain with any overhead use of the arm. She reported the pain woke her at night, and she had difficulty reaching into the car to lift a bag of groceries and was unable to reach into the refrigerator and lift a gallon of milk. On physical exam, the patient was noted to have a normal neurological exam with no motor or sensory deficits. Skin exam was normal and exam of the extremity noted no cyanosis, clubbing, edema or diffuse swelling, no coolness or discoloration. She is noted to have undergone a magnetic resonance imaging (MRI) of the left shoulder which noted an acute partial thickness tear of the distal supraspinatus tendon which extended from the anterior humeral attachment proximally over a length of 2 mm in the distal critical zone. The patient had electrodiagnostic studies of the left upper extremity which noted normal median and ulnar nerve. A clinical note dated 1/9/14 reported the patient had a history of a work injury to her left upper extremity and since then she had had severe pain in the shoulder region going down to the elbow. She also complained of pain in the neck as well as pain and numbness in the left arm. On physical exam of the left upper extremity, the patient is noted to have full range of motion with 5/5 strength in all muscles groups tested of the left shoulder, left elbow, and left wrist with normal grip strength. She was noted to have normal reflexes of the upper extremity, and normal sensation to pinprick and light touch. The medical records dated 1/24/14 report the patient had subacromial joint injection in November 2013 and reported no relief from the injection. She continued to have burning, tingling and shooting pain into her axilla and neck. On physical examination, the patient was noted to have no findings of allodynia. She had temperature asymmetry and any range of motion caused significant pain. On 2/12/14, the patient described moderate discomfort involving the left upper extremity associated with persistent altered sensation including numbness and tingling. On physical exam, the patient is noted to have normal reflexes, no flaccidity or spasticity, no motor or sensory deficits were noted, there was mild discomfort to palpation of the soft tissue region in the trapezius and rhomboids in the periscapular area of the left shoulder. The extremities noted mild allodynia with subtle temperature and color change. Passive and active range of motion of the shoulder was restricted secondary to pain. Her reflexes were noted to be symmetrical. A request was submitted for a stellate ganglion block at C5-6 and C6-7 with fluoroscopic guidance.

The URA indicated that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. Per the denial letter dated 3/26/14, the URA indicated that it is not clear if the patient has tried oral anti-inflammatory medication or oral pain medication or oral steroid preparations to decrease inflammation and pain. The URA also indicates that it is unclear if the patient has had focused formal physical therapy for stretching, strengthening range of motion, massage therapy or chiropractic care. Finally, the URA states that the EMG is not consistent with neurologic mediated pain.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The Official Disability Guidelines (ODG) recommend sympathetic blocks for treatment of complex regional pain syndrome or reflex sympathetic dystrophy when there are findings consistent with sympathetic mediated pain including sensory findings of hyperesthesia or allodynia, vasomotor findings of temperature asymmetry or skin color changes or skin color asymmetry when there are sudomotor findings of edema or sweat changes or sweating asymmetry and when there are motor/tropic changes with decreased range of motion or motor dysfunction or tropic changes of the hair, nail and skin. In this case, the patient is noted to have allodynia and mild findings of temperature asymmetry at the shoulder and decrease of range of motion active and passively which could be attributed to the rotator cuff tear noted by MRI; there were no findings of edema or sweating changes or sweating asymmetry. As such, the clinical findings are not sufficient to support the requested stellate ganglion block at C5-6 and C6-7 with fluoroscopic guidance. In accordance with the above, I have determined that the requested stellate ganglion block (64510) at cervical C5-6, additional level at C6-7, fluoroscopic guidance (77002-26) for needle placement x 1, therapeutic, prophylactic or diagnostic injection (96372) x 2 is not medically necessary for treatment of the patient's medical condition.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☐ **MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**